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APPLICANTS

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** CONTINUING DATA ***** *see*

** FOREIGN APPLICATIONS ***** *see*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>see</i> <u>12/21/06</u> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 21 ✓	INDEPENDENT CLAIMS 6 ✓
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ADDRESS

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TITLE

Method for video format detection

FILING FEE RECEIVED 1020	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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